

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Atlantic Canty Courthouse
1201 Bacharach Blvd
Atlantic City, NJ,
08401



8590 9403 0756 5196 8460 04

2. Article Number (Transfer from service label)

7017 2400 0000 0000 0000 0000

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 15 2022

AT 8:30 _____ M
WILLIAM T. WALSH
CLERK

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

UNITED STATES POSTAL SERVICE
SOUTH JERSEY NJ 08001

7 MAR 2022 PM 4 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box•

Clerk, United States District Court
P.O. Box 2797
Camden, NJ, 08101

USPS TRACKING#



9590 9403 0766 5176 8480 04

1-279797